

U.S. Probation Office for the District of Connecticut

Supervision Orientation Handbook



WELCOME

Welcome to the United States Probation Office here in Connecticut. As probation officers we wear many "hats," from social worker to law enforcement officer, often at the same time. All in hopes of creating bridges for a positive transition back to your communities and families. We are responsible for public safety and the risk any person on supervision may present to the community. We also are committed to assisting you in making positive changes in your life, but it's up to you.

We have several treatment programs providing an array of services to assist you. Many of you are required to participate in these programs, and appropriate placement is of paramount importance for continued success. If no requirement to participate in a treatment program was made at sentencing, you can always request placement. This request is considered specifically to help you comply with supervision and improve your life. Please speak to your officer who will work with you in developing a treatment plan.

While on supervision, we expect you to adhere to your conditions of supervision. We also expect and want you to become a positive, contributing member of our community. In return, you should expect our officers and other employees to conduct themselves professionally and respectfully when they interact with you.

Finally, we prefer you have an appointment when visiting your officer. However, if during business hours you need to speak to someone about an urgent matter don't have an appointment, please feel free to come to the Probation Office and ask to speak to your officer. If your officer is unavailable, ask for the duty officer or supervisor and someone will meet with you to address your concerns.

Again, welcome to the United States Probation Office for the District of Connecticut.

*Sincerely,
Edward Scott Chinn
Chief Probation Officer*

TABLE OF CONTENTS

Overview of the Supervision Process

I. Reporting:

Entry / Reporting Procedures.....	5
Office Hours.....	5
Office Reporting.....	6
Telephone Reporting.....	6
Monthly Supervision Reports.....	7
Monthly Supervision Reports examples....	8
I. Law Enforcement Contact.....	10
II. Travel.....	11 & 12
III. Community and Home Visits	13
IV. Third Party Risk Notification.....	13
V. Drug/Alcohol Use.....	14
VI. Employment/Educational Requirements.....	14
VII. Special Conditions.....	15
VIII. Specialty Programs.....	15
Drug Aftercare.....	16
Mental Health Aftercare.....	16
Employment Development.....	17
Community Service.....	17
Location Monitoring.....	18
STRIVE CT.....	19
Connecticut Resources.....	19
Connecticut 2-1-1.....	20
Healthcare SAGA.....	21

TABLE OF CONTENTS CONTINUED

I.	Graduated Sanctions.....	22
II.	Mandatory Revocation.....	23
III.	Voting Rights.....	24
IV.	Selective Service.....	25
V.	Early Termination.....	26
VI.	Jury Duty.....	27
VII.	U.S Probation Office Telephone.....	28

Appendices

OVERVIEW OF THE SUPERVISION PROCESS

The United States Probation Office for the District of Connecticut is required to execute the sentence imposed by the Court or Parole Commission.

REPORTING

Important Note:

To enter the United States Courthouse for the District of Connecticut you must present valid identification.

OFFICE HOURS:

Monday through Friday,
8:30 a.m. to 5:00 p.m.
The office is closed on all
Federal holidays.

OFFICE REPORTING

You should have an appointment and you are to report as directed by your Probation Officer. However, if you have an emergency or other issue that requires assistance, you will be seen.

Please dress and conduct yourself appropriately when visiting the Courthouse.

TELEPHONE REPORTING

You may contact your Probation Officer by dialing their direct line or office mobile telephone.

If your Probation Officer is not available, leave your name, telephone number, and a brief message. If circumstances arise, you may contact a supervisor or duty officer.

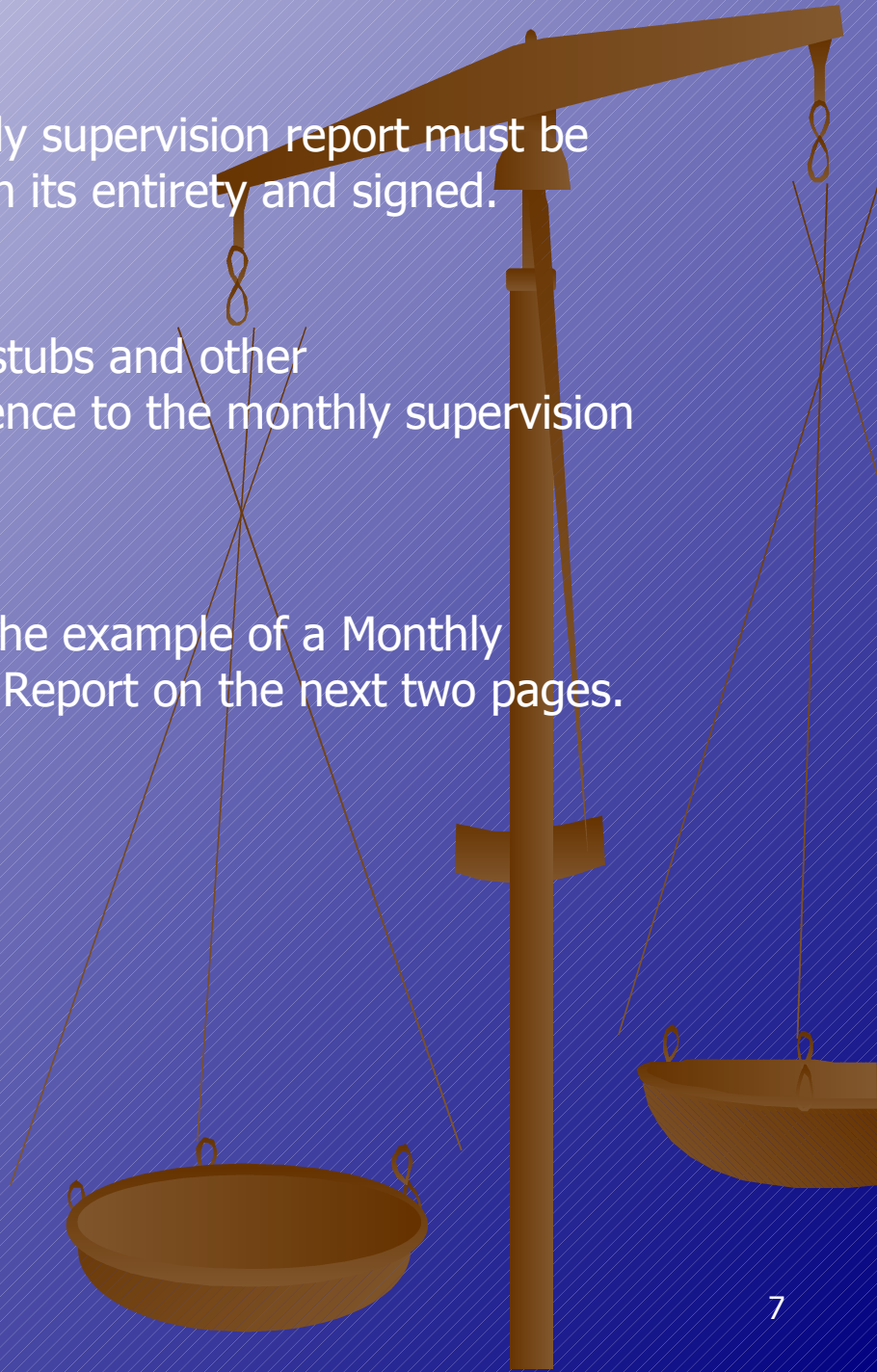
MONTHLY SUPERVISION REPORTS

You must submit a monthly supervision report by the 5th day of every month for the previous month.

Your monthly supervision report must be completed in its entirety and signed.

Attach pay stubs and other correspondence to the monthly supervision report.

Please see the example of a Monthly Supervision Report on the next two pages.



U.S. PROBATION OFFICE

MONTHLY SUPERVISION REPORT FOR THE MONTH December, 20 07

Name:	DOB:	Court Name (if different):	Probation Officer:
JOHN DOE	03/27/1972	BILLY DAKOTA	Renee Donoho 202-565-1461

PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)

Street Address, Apt. Number:	Own or Rent?	Home Phone:	Cellular Phone:	Pager:
123 MAIN STREET, NW, #1	RENT	202-123-456	NONE	301-123-4567
City, State, Zip Code:	Persons Living With You:			
WASHINGTON, DC 20001	SPOUSE: JANE DOE			
Secondary Residence:	Own or Rent?	Did you move during the month? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Mailing Address (if different):	E-Mail Address:	If yes, date moved: <u>12/15/2001</u> Reason for Moving:		
456 KNOX ROD, COLLEGE PARK, MD 20740		GOT OWN APARTMENT		

PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)

Name, Address, Phone No. of Employer:	Name of Immediate Supervisor:	Is your employer aware of your criminal status: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
ATKINS CONSTRUCTION	MR. BOB TROVER	
3215 BEAVER HEIGHTS ROAD, LANDOVER, MD 20845	How many days of work did you miss? <u>3</u> Why?	
Your work phone #: 301-555-1212	WEATHER/SNOW (2); ILLNESS (1 DAY)	
Did you change jobs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Position Held:	Gross Wages:
Were you terminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LABORER	\$800/MONTH
	Normal Work Hours: MON-SAT, 7:30AM-4PM	
	If changed jobs or terminated, state when and why. N/A	

PART C: VEHICLES (List all vehicles owned or driven by you.)

1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
1985/TOYOTA/SUPRA/WHITE	17344	20H-423-DC	MOTHER - MRS. DOE
		Vehicle I.D.#:	
		JPQT2956T1A495	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	

PART D: MONTHLY FINANCIAL STATEMENT

Net Earnings from Employment: <u>596</u> (Attach Proof of Earnings)	Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Cash Inflows: <u>475</u>	Name and Address of Location: <u>Box No. or Space</u>
TOTAL MONTHLY CASH INFLOWS: <u>1071</u>	
TOTAL MONTHLY CASH OUTFLOW: <u>625</u>	
Do you have a checking account(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: <u>CRESTAR BANK</u> Account No.: <u>00000000</u> Balance <u>\$120</u>	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a savings account(s)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bank Name: <u>CRESTAR BANK</u> Account No.: <u>00000001</u> Balance <u>\$143</u>	Bank Name: <u>SUNTRUST BANK</u>
Attach a complete listing of all other financial account information, if you have multiple accounts.	Account No.: <u>2000001</u> Balance: <u>\$400</u>

List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)

Date	Amount	Method of Payment	Description of Item
12/1/01	\$539	\$50/MONTH	AUTO REPAIRS
12/20/10	\$900	\$75/MONTH	ATTORNEY'S FEES

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?

☒ Yes ☐ No

If yes, date: 12/24/01

Agency: METRO POLICE DEPT. (MPD)

Reason: STOPPED FOR ILLEGAL TRAFFIC VIOLATION - DUI

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☐ No

If yes, when and where? 12/24/01

Charges: DUI (RETAINED ATTORNEY)

Disposition: PENDING COURT DATE: 02/26/02 DC SUPERIOR COURT

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?

☐ Yes ☒ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☒ No

If yes, whom? _____

Reason: _____

Disposition: _____

Did you have any contact with anyone having a criminal record?

☒ Yes ☐ No

If yes, whom? BROTHER (JIM DOE) RELEASED 12/05/01

Did you possess or have access to a firearm?

☐ Yes ☒ No

If yes, why? _____

Did you possess or use any illegal drugs?

☐ Yes ☒ No

If yes, type of drug: _____

Did you travel outside the district without permission?

☐ Yes ☒ No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine?

☒ Yes ☐ No

If yes, amount paid during the month:

Special Assessment: \$100 - UNPAID

Restitution: \$600

Fine: N/A

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?

☒ Yes ☐ No

Number of hours completed this month: 12

Number of hours missed: 0

Balance of hours remaining: 68

Do you have drug, alcohol, or mental health aftercare?

☒ Yes ☐ No

If yes, did you miss any sessions during this month?

☒ Yes ☐ No

Did you fail to respond to phone recorder instructions?

☐ Yes ☒ No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH.

(18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE

12/31/2002

DATE

REMARKS:

(ANY QUESTIONS FOR PROBATION OFFICER INPUT HERE)

RECEIVED:

_____ Mail _____ OC

_____ HC _____ CC

RETURN TO:

United States Probation
c/o Renee Donoho
333 Constitution Ave. N.W. Suite 2214
Washington, D.C. 20001

U.S. Probation Officer

Date

LAW ENFORCEMENT CONTACT

You must report any contact with law enforcement within 72 hours of the event.

Reporting the contact includes calling and speaking directly to your Probation Officer or leaving a detailed voice mail message regarding the extent of the contact. Always leave a telephone number, so that your officer may return your call.

You must report the contact on the monthly supervision report.

Law Enforcement Contact Includes:

- New arrests
- Court appearances
- Questioning by a law enforcement officer
- Receiving citations, tickets, warnings for traffic or other offenses.
- Any situation in which an officer runs your name

TRAVEL

You must obtain permission in advance from your probation officer to travel outside the district for any reason.

Travel will not be granted during the first 60 days of supervision, unless it is a verified emergency.

The Court must approve all foreign travel in advance.

All felons (parole, probation, and supervised release) wishing to travel to Canada are prohibited from admission into Canada, either as immigrants or non-immigrants, without the travel permit from the probation officer and permission of the Court to leave the country. Additionally, the Canadian authorities require offenders to obtain a Minister's Permit [(7)(2) (c) Immigration Act], through application to a Canadian Consulate serving their area of residence, prior to any travel.

Probation/Supervised Release/Parole - Travel

Your probation officer may approve travel outside the district without approval of the Court in the following situations:

- ✓ Vacation trips not to exceed 30 days
- ✓ Employment Searches - Not more than 30 days to investigate reasonably certain employment possibilities

You should request permission to travel two weeks in advance to allow your probation officer time to investigate your proposed travel plan. After your travel plan is approved, your officer will give you a travel permission document and a copy will be sent to the visiting district. Any travel outside of the contiguous 48 states will require court approval.

Parolees

The Parole Commission must approve all foreign travel in advance. A special condition imposed by the Regional Commission prohibiting certain travel shall supercede any general rules relating to travel as set forth above.

COMMUNITY & HOME VISITS

Your probation officer is required to visit you at home and may also visit you elsewhere in the community and at anytime.

THIRD PARTY RISK NOTIFICATION

As directed by the Court, you are required to notify third parties of risks that relate to your criminal record or personal history or characteristics.

You shall permit the Probation Officer to make such notifications and to confirm your compliance with these notification requirements (e.g., If you are convicted of Bank Fraud or Theft and plan to work as a bank teller, you will be required to inform the bank or your employer of your prior conviction of Bank Fraud).

DRUG/ALCOHOL USE

You are subject to random drug and/or alcohol testing.

Use of illicit drugs will be reported to the Court/Parole Commission. Excessive use of alcohol is prohibited and will be reported to the Court/Parole Commission.

You should not frequent places where illicit drugs are sold, used, administered, or distributed.

EMPLOYMENT/EDUCATIONAL REQUIRMENTS

You must be gainfully employed or enrolled in educational and/or vocational training unless excused by your Probation Officer for medical or other acceptable reasons.

Report changes in employment to the Probation Officer within 10 days.

SPECIAL CONDITIONS

Special conditions are generally imposed by a Judge during sentencing of a new case. However, both the Court and the United States Parole Commission reserve the right to add, delete, or modify special conditions at any time during the course of supervision.

The United States Probation Office for the District of Connecticut has several programs to meet your needs. The following is a list of some of the programs:

SPECIALTY PROGRAMS IN THE PROBATION OFFICE

Drug Aftercare
Mental Health Aftercare
Employment Development
Community Service
Location Monitoring
Connecticut Resources

DRUG AFTERCARE

You may be referred to a drug aftercare program if you have a special condition of drug testing and/or treatment. This condition may be on an outpatient and/or residential basis. The Probation Office contracts with various vendors in the District of Connecticut to provide services such as individual and group counseling, residential treatment services, and urinalysis testing.

We encourage you to attend support groups in the community and you may be referred by your Probation Officer to these community-based groups. A listing of these meetings around Connecticut may be obtained from your Probation Officer or the Probation Office reception areas.

MENTAL HEALTH AFTERCARE

If you have a special condition of mental health treatment, you will be referred to services to address your mental health needs.

EMPLOYMENT DEVELOPMENT

THE DISTRICT OF CONNECTICUT is committed to assisting ex-offender's in securing gainful employment by eliminating barriers, building collaborative partnerships, and empowering individuals to accomplish all they endeavor to achieve. We recognize that employment is an integral component in the positive reintegration of ex-offenders back into the community, and, thus, it is a requisite cornerstone in the implementation of effective recidivism reduction strategies. The District of Connecticut supports ex-offenders in securing and maintaining meaningful employment and providing access to educational and vocational resources in order to encourage the adoption of pro-social values and goals, the attaining of self-sufficiency, and the creation of productive and fulfilling lives."

COMMUNITY SERVICE

Community service is unpaid work for a civic or nonprofit organization. This court-ordered condition requires you to perform a predetermined set of volunteer service hours, as approved by the USPO.

LOCATION MONITORING

Location monitoring is an alternative to incarceration. Unless waived by the Court, you will be required to pay for the cost of location monitoring.

This special condition of supervision requires you to abide by the following:

- ✓ Have a telephone line designated for the location monitoring unit only, or have a telephone line that is free and clear of special telephone features (such as call-waiting, three-way calling, voice mail, etc.) and an area designated for placement of the monitoring device.
- ✓ Provide a proposed schedule or changes thereof to the Probation Officer, which may include hours of employment, travel time (time it takes to get to and from employment or scheduled appointments), scheduled medical appointments, treatment-related appointments, etc., at least one week in advance.

NOTE: GPS monitoring may also be required. A Probation Officer will discuss the requirements if this applies to you.

STRIVE CT

STRIVE assists unemployed individuals in Connecticut. STRIVE helps you to obtain the skills to get and keep a job through its intense three-week attitudinal job readiness training course.

At the conclusion of a training period, STRIVE can assist in job placement.

CT Works

CTWorks Centers of Connecticut provide services to unemployed and underemployed individuals seeking jobs and job search assistance at no cost. Jobseekers are afforded convenient access to the employment, education, training and information services they need at a single location.

EVERYONE and ANYONE is welcome and encouraged to visit CTWorks Centers and use the reference materials such as newspapers, journals and job posting board. Posted positions include all levels and salary ranges from entry-level to upper-level management. Free Internet access is also provided (in aid of job hunting).

CT 2-1-1



- 2-1-1 is administered by the United Way of Connecticut. It is supported by the State of Connecticut and Connecticut United Ways. You can call 2-1-1 to get information, or to seek help in a crisis. It is open 24 hours a day, every day of the year. Simply dial 2-1-1 or 1-800-203-1234 any time of day or night.

HEALTH CARE FOR ELIGIBLE CT RESIDENTS

The State of Connecticut health care program for uninsured residents called the SAGA Program.

Through the SAGA program, the Department provides cash and/or medical assistance to individuals who are unable to work for medical or other prescribed reasons, and to families that do not meet the blood-relationship requirements of the Temporary Family Assistance (TFA) program.

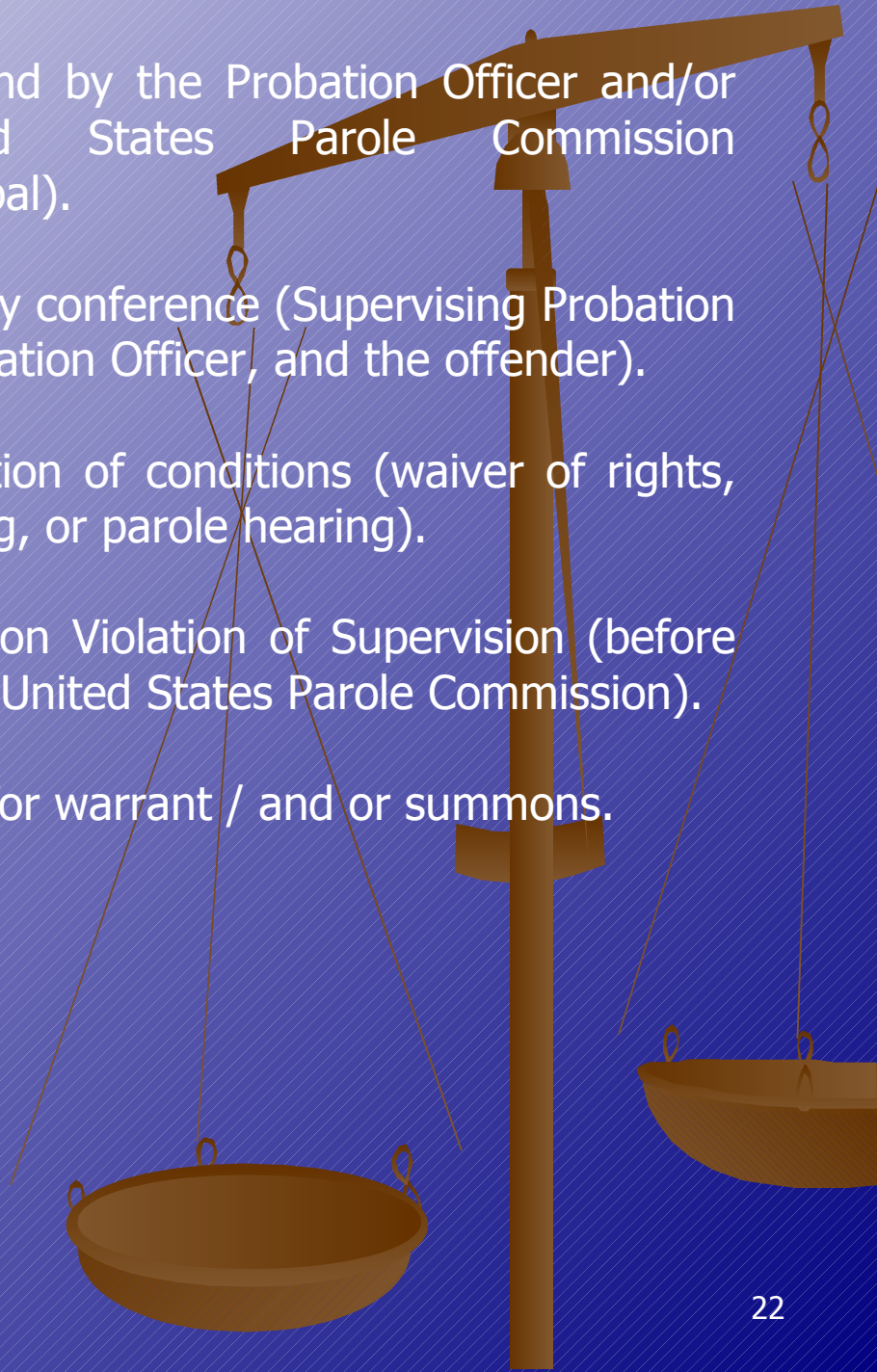
Employable individuals are not eligible for SAGA cash assistance. However, employable individuals who have substance abuse problems may be eligible to receive treatment and some financial support through the Department of Mental Health and Addiction Services' (DMHAS) Basic Needs Program.

General application for SAGA services is made at a local office of the Department of Social Services. For referral to the closest DSS office to you, visit the Regional Offices section of this website, call Infoline at 2-1-1 or look in the blue government pages of your phone book.

GRADUATED SANCTIONS PROCEDURES

Graduated Sanctions are used to address non-compliant behavior. The following sanctions may be imposed by the Probation Officer to address non-compliance:

- ✓ Reprimand by the Probation Officer and/or the United States Parole Commission (written/verbal).
- ✓ Three-way conference (Supervising Probation Officer, Probation Officer, and the offender).
- ✓ Modification of conditions (waiver of rights, Court hearing, or parole hearing).
- ✓ Hearing on Violation of Supervision (before the Court or United States Parole Commission).
- ✓ Request for warrant / and or summons.



MANDATORY REVOCATION OF SUPERVISION

A violation of the following conditions of supervision will result in mandatory notification to the Court and a revocation hearing:

- ✓ Possession of a Firearm, ammunition or other dangerous weapon.
- ✓ Possession of Controlled Substances: You are prohibited from possessing illegal substances. Possession of illegal drugs is a violation of supervision and will be reported to the Court and/or the Parole Commission.
- ✓ Refusal to comply with drug testing: If you refuse to submit to drug testing and/or treatment, you are subject to mandatory revocation of supervision.
- ✓ Testing positive for illicit drug use: If you submit three positive urine tests in one year, you are subject to mandatory revocation of supervision.



Voter Rights

An Act Restoring Voter Rights of Convicted Felons Who are on Probation / Supervised Release went into effect on January 1, 2002. A person who has been confined to a federal or state correctional institution, correctional facility, or community residence can have his / her voting rights restored by submitting written proof to a city / town Registrar of Voters or other admitting official of their discharge from confinement and, if applicable, parole. Any fines that were charged in conjunction with the felony conviction must also be paid. Also, anyone who has been convicted of a felony after January 1, 2002 and has been sentenced to probation, not sentenced to confinement in an institution, is able to register to vote. He / She will not loss their right to vote if they are already registered.

SELECTIVE SERVICE REQUIREMENTS

All males between the ages of 18 and 25 must register with the Selective Service within 30 days of their 18th birthday. Incarcerated men in the above age range are exempt from the registration requirement; however, they must register within 30 days of their release.

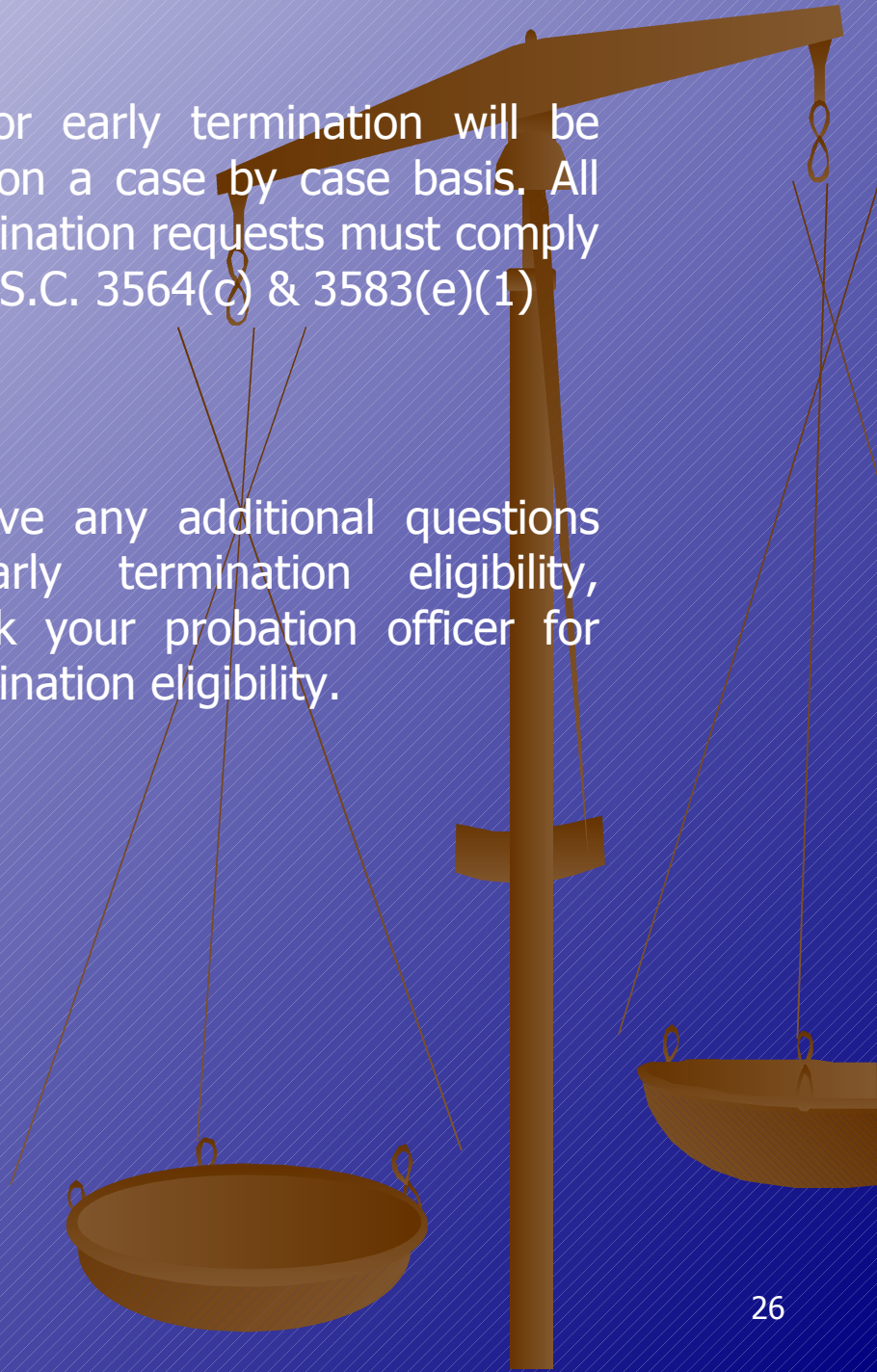
Failure to comply with this directive may result in loss of benefits, such as student financial aid, federal and state employment, and job training under the Job Training Partnership Act. In addition, failure to register is a felony offense that carries a fine up to \$250,000 and imprisonment up to five years. Registration forms are available in the Probation Office.

Persons with convictions for criminal offenses punishable by death or imprisonment for a term exceeding one year are ineligible for induction into the military unless a waiver is granted. Individuals on supervision are generally ineligible for military service. A six-month interval between the termination of supervision and acceptance into the military may be required.

Early Termination

Request for early termination will be reviewed on a case by case basis. All early termination requests must comply with 18 U.S.C. 3564(c) & 3583(e)(1)

If you have any additional questions about early termination eligibility, please ask your probation officer for early termination eligibility.



JURY DUTY

If you have been convicted in a State or Federal court of a crime punishable by imprisonment for more than one year and your civil rights have not been restored, you are not qualified to serve as a juror in the United States District Court.

In the State of Connecticut, if you receive a jury summons you must write them a letter stating that you are disqualified from service pursuant to Connecticut General Statutes Section 51-217. Your Probation Officer can assist you with the preparation of this letter. As per the Statute, felony during the you are disqualified to serve if you have been convicted of a felony during the past seven years. If you have been sentenced longer than seven years ago, you will still have to appear for jury service.

The address is: Jury Administration
P.O. Box 260448
Hartford, CT 06126

PROBATION OFFICER TELEPHONE DIRECTORY

New Haven Office - HEADQUARTERS: Tel. #(203) 773-2100 or Fax #(203) 773-2200

157 Church Street, 22nd Fl.

New Haven, CT 06510

	Telephone #'s	Cellular #'s
C. Warren Maxwell, Deputy Chief USPO II	203-773-2386	203-395-5385
Joseph Montesi, Supervising USPO	203-773-2034	203-410-8111
Kim J. Cerullo, Supervising USPO	203-773-2368	860-250-1218
Vicki M. Stackpole USPO	203-773-2526	203-410-7462
Wilfredo Duran, Sr. USPO	203-773-2484	203-410-7468
Mark D. Myers, USPO	203-773-2523	203-410-7471
Sandra L. Hunt, Sr. USPO	203-773-2522	860-250-1425
Patrick D. Norton, USPO	203-773-2524	203-509-3055
Robert E. Bouffard, USPO	203-773-2527	203-410-4550
Paul Collette, Sr. USPO	203-773-2528	203-627-0970
Desiree Melendez-Quiroz, USPO	203-773-2529	203-410-0044
Alicia A. Catanzarita, USPO	203-773-2485	203-410-8577
Giovonna Harris, USPO	203-773-2520	203-395-1600

Hartford Office: (860) 240-3661 or Fax #(860) 240-2620

Federal Building, Rm. 735

450 Main Street

Hartford, CT 06103

	Telephone #'s	Cellular #'s
Michael E. Sheehan, Supervising USPO	860-240-3664	860-250-1424
Jacqueline Carroll, Supervision USPO	860-833-0881	
Steven J. Lambert, Sr. USPO	860-240-3666	860-250-1219
Bunita B. Keyes, USPO	860-240-3670	860-250-1221
Brian J. Topor, Sr.	860-240-3078	860-250-1222
Charmaine R. Harkins, USPO	860-240-3026	860-250-1429
Otto Rothi, USPO	860-240-3665	860-250-1224
Katty Lopez, Sr. USPO	860-240-2619	860-250-1428

Jennifer L. Amato, Sr. USPO	860-240-3068	860-250-7159
Michael Rafferty, USPO	860-250-7193	
Megan Chester, USPO	860-240-3667	203-410-0458
Xenia Gray, USPO	860-240-3669	860-250-2881
Gregory Campos, USPO	860-240-2618	860-250-2568
Jonathan Sitek, USPO	860-240-3668	203-395-5384

Bridgeport Office: (203) 579-5707 or Fax #(203) 579-5571

Federal Building, Rm. 200

915 Lafayette Blvd.

Bridgeport, CT 06604

Telephone#'s Cellular#'s

Deborah Palmieri, Supervising USPO	203-579-5567	203-410-7442
Ray Lopez, Sr. USPO	203-579-5570	203-395-5386
Joseph Zampano, USPO	203-579-5578	203-395-5390
Jane Cofone, USPO	203-579-5576	203-395-5392
Keith P. Barry, Sr. USPO	203-579-5706	203-395-5393
Nicole A. Owens, Senior USPO	203-579-5569	203-410-5580
Brendon M. Pierpaoli, USPO	203-579-5511	203-927-4895
Meghan Nagy, USPO	203-579-5874	203-395-1489
Christopher Rogers, USPO	203-579-5552	203-752-7017
Marsha Miranda, USPO	203-579-5505	203-395-5387